

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>Facebook, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 1 Hacker Way			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2016</div>		
City Menlo Park	State CA	Zip Code 94025	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20.36</div> <b>Transaction ID : SE.6462</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Purpose of Expenditure Ads		Category/ Type 004	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2016</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1120.36</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>HWS Headway Work Force Solutions</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 421 Fayetteville St #1020			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 01 / 2016</div>		
City Raleigh	State NC	Zip Code 27601	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">54206.25</div> <b>Transaction ID : SE.6453</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Purpose of Expenditure Payroll Estimate for FL Canvassers 10/1-10/19		Category/ Type 001	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 01 / 2016</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">55326.61</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">54226.61</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature